

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197451

1. Entity Name

MCDONALD DISTRIBUTORS OF FLORIDA, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90010 031 ***558.75

Principal Place of Business

3600 NW 54 STREET
P.O. BOX 24215
FT LAUDERDALE FL 33309
US

Mailing Address

3600 NW 54 STREET
P.O. BOX 24215
FT LAUDERDALE FL 33309-2400
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0785629

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, DONALD B
1040 S ROGERS CIR
2ND FLOOR
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> Delete
NAME	LONG, RICHARD W	
STREET ADDRESS	3821 NW 71 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33307	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POCKEY, JAMES J	
STREET ADDRESS	2950 PALM AIRE DRIVE N	
CITY-ST-ZIP	POMPANO FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWE, KEITH B	
STREET ADDRESS	740 SW 99 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, CARL T	
STREET ADDRESS	21802 CONTADO BOCA DELMA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POCKEY, BRUCE J.	
STREET ADDRESS	7120 HIALEAH LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONG, DONALD B	
STREET ADDRESS	3990 NW 74TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33073	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald B. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 561 994 0861